

Year 3 Change of Schedule Request

Request for changes are reviewed by the Assistant Dean for Clerkships on an individual basis. The request must be finalized by a minimum of four (8) weeks prior to the start of the course.

Request:

Student Name: _____ SID#: _____ Date: _____ Term: _____ Block # _____

Dates: Start _____ End _____

Drop Course Name _____ Course #: _____ CRN: _____

Add Course Name _____ Course #: _____ CRN: _____

Course Type: Clerkship* Elective/Selective

Reason for Change Request:

*Changes to Clerkships can only be initiated by SOM administrators, faculty or their designee.

Office use only:

Requested course available & has capacity: Yes No N/A

Verified By: _____

Date: _____

Approval

**Assistant Dean for Clerkships or Designee
Signature:** _____

Date: _____

Approved **Denied- Rational:** _____

Processing

Changed in One45 By: _____ Date: _____ Student Notified By: _____ Date: _____

Faculty Notified By: _____ Date: _____

Forward to SOMRegistrarServices@utrgv.edu By: _____ Date: _____

Processed SOM Registrar Services By: _____ Date: _____

Notification of Banner Change Received By: _____ Date: _____